் Complettee pd se				ISMITTAL		
2 0 2006		ther with applicabl	or <u>Fax</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-1450	
NSTRUCTURE All further numerical unless corrected maintenance fee notifical	form should be used correspondence includi ed below or directed of tions.	for transmitting the ISS ng the Patent, advance of herwise in Block I, by	OUE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requ of maintenance fees o prespondence address	ired). Blocks I through 5 sh will be mailed to the current ; and/or (b) indicating a separ	ould be completed correspondence add rate "FEE ADDRES
CURRENT CORRESPONDS : 30423		lock I for any change of address		Fee(s) Transmittel. The papers. Each additional	mailing can only be used for is certificate cannot be used for al paper, such as an assignment of mailing or transmission.	or any other accomn
	ECTRONICS, IN N 2346 ONICS DRIVE			Cer I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	rtificate of Mailing or Transmis Fee(s) Transmittal is being with sufficient postage for first I Stop ISSUE FEE address (TO (571) 273-2885, on the da	nission deposited with the class mail in an en above, or being for te indicated below.
2006 EAREGAY2 0000				Jonat		(Depositor
1501	1400.00	UP	· •	Novem		(Sig
APPLICATION NO.	FILING DATE	· .	FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION
ITLE OF INVENTION:	: COMMAND INTERF	ACE USING FINGERP	RINT SENSOR INPUT	SYSTEM	99-B-156-(85	6718
A PPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	. \$0	\$0	\$1400	01/05/2007
EXAMI	INER	ART UNIT	CLASS-SUBCLASS	_		
TRIEU, VAN THANH 2612			CCA33-30BCLA33	ľ		
Change of corresponder			340-005820	e patent front page, lis		
Change of corresponder R J. 363). Change of corresponders form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN	ondence address or indication ondence address (or Char /122) attached. cation (or "Fee Address" 2 or more recent) attached ND RESIDENCE DATA cass an assignee is identi- nin 37 CFR 3.11. Comp	n of "Fee Address" (37 age of Correspondence Indication form cd. Use of a Customer	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sin registered attorney of 2 registered patent a listed, no name will other patents of the patent of the patents of the pat	to 3 registered patentatively. ngle firm (having as a pragent) and the name itomeys or agents. If the printed. type) patent. If an assigned assignment.	member a 2soft up to no name is 3e is identified below, the doc	ument has been fil
Change of corresponder R. J. 363). Change of corresponder PTO/SB: "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNER,	ondence address or indication ondence address (or Charlet 22) attached. Cation (or "Fee Address" 2 or more recent) attached. ND RESIDENCE DATA ass an assignee is identifin 37 CFR 3.11. Composition of the composition of t	n of "Fee Address" (37 age of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON The desired below, no assignee letion of this form is NO	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sin registered attorney of 2 registered patent a listed, no name will of the PATENT (print or data will appear on the T a substitute for filing at (B) RESIDENCE: (CITEMET)	to 3 registered patentatively. Ingle firm (having as a pragent) and the name itomeys or agents. If the printed. Itype) It patent. If an assigned assignment. Ity and STATE OR Conville, CA	member a 2 so of up to no name is 3 the is identified below, the doc OUNTRY)	
Change of corresponder FR J. 363). Change of corresponder PTO/SB. Change of corresponder PTO/SB. Froe Address' indice PTO/SB/47: Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNER NAME AND LEASE NOTE: UPEK, asso check the appropria	ondence address or indication or characteristics of the control of	n of "Fee Address" (37 inge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON flod below, no assignee letion of this form is NO categories (will not be presented to the present the categories (will not be presented to	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sin registered attorney of a single tendent a listed, no name will of the patent of the patent of the substitute for filing of the patent on the patent of the patent on the patent of the pa	to 3 registered patentatively. If the firm (having as a per agent) and the name itomeys or agents. If the printed. If the printed. If an assignment. If and STATE OR Conville, CA Individual (2) Control of the printed of the pri	member a 2s of up to so name is 3 the is identified below, the doc OUNTRY)	o enlity Govern
Change of corresponder FR J. 363). Change of corresponder PTO/SB. Change of corresponder PTO/SB. Tee Address' indicated and the properties of the PTO/SB/47: Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unite recordation as set forth (A) NAME OF ASSIGNEE NAME OF ASSIGNEE ASSIGNEE NAME OF ASSIGNE	ondence address or indication ondence address (or Charles) attached. Cation (or "Fee Address" 2 or more recent) attached. ND RESIDENCE DATA ass an assignee is identifin 37 CFR 3.11. Composition of the category or example	n of "Fee Address" (37 nge of Correspondence Indication form and Use of a Customer TO BE PRINTED ON The State of the State	340-005820 2. For printing on the (1) the names of up or agents OR, alternous of a single term of a substitute for filing of (B) RESIDENCE: (CITEMETY) Payment of Fec(s): (PITEMETY) Payment of Fec(s): (PITEMETY)	to 3 registered patentatively. right firm (having as a pragent) and the name itomeys or agents. If the printed. type) patent. If an assigned assignment. TY and STATE OR Company and the printed. Individual	member a 2 so of up to no name is 3 the is identified below, the doc OUNTRY) The poration or other private group to previously paid issue fee ships attached.	o enlity Goven
Change of corresponder FR 1.363). Fro Address indice Fro Address indice In Fro Address indice In Fro Address indice In February Indice In Fro Address indice In February Indice In Ind	ondence address or indication on dence address (or Charles) attached. cation (or "Fee Address" 2 or more recent) attached. ND RESIDENCE DATA ass an assignee is identified in 37 CFR 3.11. Composite Inc. attached: attached: or submitted: or submitted: or submitted: of Copies at (from status indicated SMALL ENTITY status	n of "Fee Address" (37 nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON The control of the control	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sir registered attemey of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the T a substitute for filing a (B) RESIDENCE: (CI' EMETY inted on the patent): Payment of Fec(s): (PI Payment by credit of The Director is here overpayment, to De	to 3 registered patentalively. Ingle firm (having as a pragent) and the name itomeys or agents. If the printed. Type) Individual Account Number of the printed of the pr	member a 2	o entity Governown above) ciency, or credit any extra copy of this for
Change of corresponder FR J. 363). Change of corresponder FR J. 363). Change of corresponder FR J. 363). Change of corresponder Fro Address inm PTO/SB PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN UPEK, tase check the appropriation of the following fee(s) ar Signer is suppropriated in the following fee(s) are Advance Order - # 6 Change in Entity Statu a. Applicant claims:	ondence address or indication on dence address (or Charles) attached. cation (or "Fee Address" 2 or more recent) attached. ND RESIDENCE DATA ass an assignee is identified in 37 CFR 3.11. Composite Inc. attached: attached: or submitted: or submitted: or submitted: of Copies at (from status indicated SMALL ENTITY status	n of "Fee Address" (37 nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON The control of the control	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sir registered attemey of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the T a substitute for filing a (B) RESIDENCE: (CI' EMETY inted on the patent): Payment of Fec(s): (PI Payment by credit of The Director is here overpayment, to De	to 3 registered patentalively. Ingle firm (having as a pragent) and the name itomeys or agents. If the printed. Type) Individual Account Number of the printed of the pr	member a 2 so of up to no name is 3 the is identified below, the doc OUNTRY) The poration or other private group to previously paid issue fee ships attached.	o entity Governown above) ciency, or credit any extra copy of this for
Change of corresponder FR 1.363). Froa Address indie Froa Address indie Froa Address indie ASSIGNEE NAME AN PLEASE NOTE: Unler Froa Market AN UPEK, Froa Check the appropria File following fec(s) ar Issue Fee Froa Market AN Advance Order - # 6 Change In Entity Statu a. Applicant claims	ondence address or indication on dence address (or Charles) attached. cation (or "Fee Address" 2 or more recent) attached. ND RESIDENCE DATA ass an assignee is identified in 37 CFR 3.11. Composite Inc. attached: attached: or submitted: or submitted: or submitted: of Copies at (from status indicated SMALL ENTITY status	n of "Fee Address" (37 nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON The control of the control	340-005820 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sir registered attemey of 2 registered patent a listed, no name will THE PATENT (print or data will appear on the T a substitute for filing a (B) RESIDENCE: (CI' EMETY inted on the patent): Payment of Fec(s): (PI Payment by credit of The Director is here overpayment, to De	to 3 registered patentalively. Ingle firm (having as a per agent) and the name itomeys or agents. If the printed. Type) Ingle firm (having as a per agent) and the name itomeys or agents. If the printed. Type) Ingle firm (having as a per agent) and assignment. Ty and STATE OR Converted to the printed of the printed. Individual 2 Converted to charge posit Account Number of the applicant; a registal pate 10 Date 10 No	member a 2	o entity Governown above) diency, or credit any extra copy of this for the copy of the co

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE